

Court of Common Pleas

Juvenile Division

Lucas County, Ohio

Court Appointed Special Advocate Department

Judge Denise Navarre Cubbon, Administrative Judge



Dear Interested Applicant:

Thank you for your interest in the Lucas County Juvenile Court, Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL) program. This important volunteer position requires dedicated, responsible people who are sincere child advocates. Please visit our Lucas County CASA website at "www.casakids.net" for additional information, access to forms and your opportunity to view the seven-minute video, "CASA the Movie".

Our next CASA/GAL Training Class will be offered in **January 2009**. However, you can begin training once you have returned your application by observing the required court proceedings. Please be sure to reserve the training class dates because 100% attendance is critical. The dates are as follows:

Wednesday	01/21/09 Noon to 1:15 p.m. OR 5:30 to 6:45 p.m.	Fri. 02/06/09 8:30 a.m. to 4:30 p.m.
Friday	01/23/09 8:30 a.m. to 4:30 p.m.	Sat. 02/07/09 8:30 a.m. to 4:30 p.m.
Saturday	01/24/09 8:30 a.m. to 4:30 p.m.	Wed 02/11/09 5:30 p.m. to 8:30 p.m.
Wednesday	01/28/09 5:30 p.m. to 8:30 p.m.	Swearing-In Thurs., 02/12/09 11a.m.-1 p.m.
		Optional JDC Tour 1:15p.m.-2:30 p.m.
		Class Reunion Fri. 4/24/09 9 a.m.-1 p.m.

Because processing the application is very time consuming, we encourage you to send it back as soon as possible. If an interview is scheduled, bring **your driver's license and proof of automobile insurance** with you to the interview. Court observations will begin after your interview has been completed.

Please call us if you have any questions or concerns 419-213-6753. Again, thank you most sincerely for your interest in serving our community's abused and neglected children and the Lucas County Juvenile Court.

Sincerely,

Judith Leb, J.D.
Training Coordinator

Carol Martin
Director, CASA/CRB Programs

Enclosures: CASA Brochure, Role of the GAL, Fact Sheet, CASA Application, Return Envelope

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Juvenile Justice Center 1801 Spielbusch Avenue Toledo, Ohio 43604
CASA Department Telephone: 419-213-6753 Fax: 419-213-6785 Website: www.casakids.net



Lucas County Juvenile Court
Court Appointed Special Advocate Department

Carol Martin, CASA/GAL Director

Lucas County Juvenile Court CASA/GAL
1801 Spielbusch Ave.
Toledo, Ohio 43624
Attn: Judy Leb, Training

For Office Use Only:

Date Rec'd _____ LCCS Check _____
Date Refs Sent _____ Postcard Sent _____
Date in Log _____ Refs Rec'd 1 2 3
Police Check _____ Interview Date _____

* You may print this document, sign and mail to CASA, 1801 Spielbusch Ave., Toledo, OH 43624 or
you may fill the application below and Click to E-mail the form at the end of this document.

Section I – CASA/GAL APPLICATION

PLEASE PRINT OR TYPE

Today's Date _____

Formal Name _____ Nametag _____
(Last) (First) (Middle) (Prefer
to be called)

Date of Birth _____ Social Security # _____

Race/Ethnicity: African American Caucasian Latino Native American Multi-Racial Other

Home Address: _____
(Number & Street) (City) (State) (Zip Code)

Prior Addresses for Last 5 Years & Dates at Each Address:

Phone (Home) _____ Phone (Work) _____ Mobile _____

E-Mail (Home) _____ E-Mail (Work) _____ I don't have E-Mail _____

May We Call You at Work?

(Yes) (No)

May We E-Mail You at Work?

(Yes) (No)

Current Employment: Full Time Part Time Not Employed Retired Student

Work Place: _____ Work Telephone: _____

How Long Have You Held This Job? _____ Supervisor _____

Brief Description of Your Work: _____

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Education Completed: ___ High School ___ Some College ___ 2 Yr. Degree ___ 4 Yr. Degree ___ Post Grad
Education (Include All Post-Secondary Education, Including Major & Minor Fields of Study)

Emergency Contact: * Name _____ Relationship _____

*(Please select someone who does not live with you)

Address _____ Phone (_____) _____

List Your Volunteer or Professional Experience with Youth and/or the Courts: _____

Do You Currently Volunteer in Any Capacity? Yes No

If Yes, Indicate Position, Agency, & Days/Hours Week _____

Have you applied to or volunteered for another CASA/GAL program in Ohio, another state or a U.S. territory?

Yes No

If "Yes," which programs (provide all) _____

List Any Other Skills/Qualifications You Have That May Be of Value to the CASA Program

Do You Have a Prior History with any Child Protective Services Agency? *Yes No

*If Yes, name County and State and explain circumstances: _____

Have You Ever Been Charged or Convicted in a Court of Law? *Yes No

*List Offenses and Dates of Each Offense _____

Do you agree to report any arrest to the CASA/GAL program director within 24 hours ? Yes No

Do You Hold a Valid Ohio Driver's License? Yes No

Do You Carry Car Insurance in Accordance with Ohio Law? Yes No

Insurance Company Name: _____

Liability Insurance Yes No Property Damage? Yes No

Any Health Problems or Disabilities? _____

How Did You Learn About CASA? Church Bench Billboard Friend *Newspaper *Radio

*T.V. *Magazine Other. Please list name of newspaper, radio station, T.V. station or
magazine _____

Why Do You Wish to Be a CASA Volunteer? _____

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Section II - Reference Information Sheet

Attorney Applicants- Complete this box ONLY

Name: _____ Date: _____

Ohio Supreme Court Registration Number: _____

Work Address: _____

Work Phone: _____ Work FAX: _____ Cell: _____

CASA Applicants- Name: _____ Date: _____

Please do NOT include family members as references

YOUR NAME: _____ **DATE:** _____

REFERENCE #1 Name: _____

Address _____
(Street) (City/State) (Zip Code)

Home Phone _____ Business Phone _____ Cell Phone _____

How Do You Know This Person? _____ For How Long? _____

REFERENCE #2 Name: _____

Address _____
(Street) (City/State) (Zip Code)

Home Phone _____ Business Phone _____ Cell Phone _____

How Do You Know This Person? _____ For How Long? _____

REFERENCE #3 Name: _____

Address _____
(Street) (City/State) (Zip Code)

Home Phone _____ Business Phone _____ Cell Phone _____

How Do You Know This Person? _____ For How Long? _____

LUCAS COUNTY CASA/GAL
RELEASE OF INFORMATION

I hereby give my informed consent to the Lucas County Juvenile Court (LCJC) Court Appointed Special Advocate/Guardian Ad Litem (CASA/GAL) Department to complete a thorough investigation of my character and fitness to be a CASA/GAL Volunteer. I understand that by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to references that I have provided, which may include my past and present employers. I further authorize FBI, state, and/or local police record checks, Bureau of Criminal Investigation checks, Sexual Offender Registry checks, mental health inquiries and child protective services agencies history checks. I understand that information requested in this application and other information that may otherwise be obtained will be used only for the purpose of deciding my fitness and suitability to serve as a CASA/GAL Volunteer and may be shared with other CASA programs, if appropriate. I further understand that additional background checks may be made on me in the future to remain a CASA/GAL Volunteer. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign as a CASA/GAL Volunteer.

This release is good until revoked by me, in writing, at any time before it has been acted upon.

Criteria used in the selection of CASA/GAL volunteers will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA/GAL volunteer. No individual will be rejected because of race, color, religious creed, sexual orientation, national origin, sex, handicap, age (if at least 21) or marital status.

I understand that LCJC CASA/GAL Department reserves the sole right to determine which individuals are suitable to become CASA/GAL Volunteers. Individuals who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol within the past five (5) years and/or who have a history with a child protective service agency may not be accepted as a CASA/GAL Volunteer. An individual who has been adjudicated to have abused or neglected a child including, but not limited to, any sexual offense, abuse, child endangerment, neglect or who has been involved in related acts that would pose a risk to children or to the program's credibility will not be accepted as a CASA/GAL Volunteer.

Date

Signature

Date of Birth

Print Name

Social Security Number

By Clicking to Submit this form, you acknowledge that you have read this Release of Information and that you are agreeing that this document has the same force and effect as your signed agreement.